



# Long Term Care Task Force Executive Summary

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### Governing Regulations

WV Code § 16-20-5 states no hospital, nursing home or other health care facility shall add any intermediate care or skilled nursing beds to its current licensed bed compliment.

1982 West Virginia State Health Plan, Long Term Care Chapter used 30/beds per 1000 formula and used STAM zones to identify eleven LTC regions.

SB405, effective March 08, 2003, changed personal care home and residential board and care homes to **assisted living** residences. Four or more individuals receive personal assistance for walking, bathing, dressing, feeding or getting out of bed, supervision because of age or mental impairment, and nursing assistance for no more than 2 hours of nursing care per day for a period of time no longer than 90 consecutive days per episode.

### Key Findings

#### Demographics

- WV total population has declined by 141,300 from 1980 to 2000
- WV total population projected to decline 42,671 from 2005 to 2020
- WV 65 + population has increased by 24,336 from 1980 to 2000
- WV population projections by CDC\* are as follows:

	<u>Age 65+</u>	<u>Total Population</u>	<u>%Age 65+</u>
2005	275,012	1,843,644	14.92
2010	279,848	1,842,008	15.19
2015	306,416	1,845,262	16.61
2020	341,949	1,851,684	18.47

- The 2000 Elderly Dependency Ratio, defined as the number of persons aged 65 and over per 100 persons aged 18-64, identifies Berkeley, Jefferson, Monongalia and Putnam counties as having the lowest ratio and Brooke, Greenbrier, Hancock, Marion, Ohio, Pendleton, Summers and Tucker as having the highest ratio.

## Delivery System

### Nursing Homes

117 facilities in 2002

11,465 beds

199 voluntary bed reductions from 6/00-6/02

86% occupancy, 2002

11% of Medicaid Nursing home residents are in Class 28 and 29 (ADLs)

35.12 beds per 1000 aged 65+ residents (2002)

85% of nursing homes operate at a loss.

95% occupancy is needed for nursing home viability. Each WV County needs between 1 and 53 beds to attain 95% occupancy.

Approximately 1000 empty nursing home beds exist.

Nursing home bed moratorium exists.

Only two small areas of Pocahontas and McDowell counties do not

have a 30 mile access to a nursing home in WV.

A significant number of counties are in the 38-44 beds/population

range; by 2020, the majority of counties will be below the 38 beds/1000 population.

The number of counties projected to have < 20 beds per 1000 65+

population are 6 in 2005, 6 in 2010, 7 in 2015, and 11 in 2020.

The number of counties projected to have < 20 beds per 1000 76+

population are 2 in 2005, 2 in 2010, 3 in 2015 and 3 in 2020.

Certified beds are counted differently than licensed beds.

### Hospitals

Hospital skilled beds 963; 199 swing beds.

3,827 beds (includes Personal Care Homes, Residential board and

### Assisted Living

care homes) Adult Family Care Homes provide an additional 273

providers with 400 placements. 20 counties are without assisted living facilities.

A ten-question survey about the assisted facility residents during April 1, 2002-April 1, 2003 was sent to 126 facilities, with responses

from 63 facilities. Responses represented almost 1900 beds.

Over 75% of facility residents were over age 75. 43% of residents required assistance with 2-3 activities of daily living, and 44% had previously resided in their personal residence. Of the residents who left the assisted facility for another facility, 29% went to a nursing home. Almost two-thirds of the assisted living facility administrators did not plan to increase the number of residents in the next year.

Adult Residential Care 273 providers with 315 DHHR placements.

Long Term Care Bed State Total 17,076

Aged and Disabled Waiver slots 5,257

The WV ratio of waiver slots to nursing home beds is 53%, compared to 25% in Ohio, 10% in Maryland 9% in Kentucky in 2000 and 31% in Virginia and 10% in Pennsylvania in 1999.

Hospices Hospices, including the Charleston-based free-standing Hubbard Hubbard House and the nursing home Medicaid Hospice benefit, are available in every WV county, with the exception of Calhoun County. Approximately 75-100 Medicaid beneficiaries received hospice care in a nursing facility.

### **Key Meeting Decisions**

**Inventories:** Obtain inventory of all providers, including VA and State facilities, waiver slots, and Medicaid MDS and ADL data.

**Statistics:** Obtain population projections by region; Assess whether age >65 population will increase at a faster rate than the national average; Obtain Medicaid waiver services categories, reimbursement rates and expenditures; Conduct MDS data analysis; Obtain Adult Family Care and Residential Board and Care Medley placements and total number of facilities by county; Obtain MDS resident age cohort data on age at time of nursing home admission for a 1-3 month time period; Apply GIS travel distance radius technology and revising the map natural breaks to develop a category reflecting counties with 30 beds per 1000 age 65+ population.

**Conduct an Assisted Living Survey:** Conduct survey May 5-19, 2003 to determine facility census, occupancy, resident age, ADL information, source of patients, and location of patient referral upon discharge excluding legally unlicensed facilities.

**Need Methodology:** Review need methodologies from other states: Review current and national assisted living admission rates and obtain formula to predict use by over age 75 population\*\*;

Review current and national nursing home admission rates: Review and analyze current data before projecting future need.

Use age-cohort population and population projections: Address population shifts and economic status: Include niche populations [Alzheimer's, geriatric psychiatric populations (non-institutionalized) and independent living] in the need methodology: Use County and facility level age cohorts.>

Determine criteria to project future demand; assess impact of LTAC; Determine applicability of use of US Census travel distance to work data to the need methodology; determine feasibility of using GIS Travel Radius application; Determine whether regions will be used; and determine applicability of proposed process:

- Scan STAM Zone Map and overlay zipcode data on STAM zones to correlate comparisons.
- Apply 30 bed/1000 populations for both the over 65 and over 75 populations.
- Add the existing NH/SNF beds, then replicate the 1982 SHP calculation to show which counties are above/below the formula.
- Determine flexibility to address under/over capacity to community needs.
- Consider nursing home downsizing, bed banking, and movement of beds and use of beds for additional waiver statuses.
- Review nursing home reimbursement methodology (SAV, direct and indirect costs, treatment of unused beds).
- WVHCA to use licensed nursing home beds, latest WVU Regional Research Institute population projections and current nursing home occupancy to; (1) identify counties that are over/under 20 and 33 beds/1000 65 population and ( 2) identify beds needed to achieve a 95% nursing home occupancy.
- WVHCA and Medicaid to discuss flexibility options and desired nursing home occupancy.

### **Final Recommendations**

The process included a review all data before developing need methodology models and developing final recommendations. Final recommendations considered the impact of 1999 bed reduction in final recommendations, Home and Community Based Waiver; income-related data in determining need, (The impact of WV Medicaid residents going out of state to receive care was not considered). Other considerations included the need to have flexibility to address under/over capacity for community needs, and the occurrence of nursing home down sizing, movement of beds, and the option of using nursing home beds for waiver slots.

Two recommendations were developed at the last Task Force meeting on September 29, 2003.

1. The Bureaus of Medical Services should review the reimbursement policies for nursing facilities, with consideration to service the behavioral health population and additional staff training.
2. The West Virginia Health Care Authority should have further discussions with the

Bureau of Medical Services and OHFLAC to address the current and future treatment of closed nursing home beds.

\*WVU Regional Research Institute projections will be available summer, 2003

\*\* Formula no longer available.

To obtain a copy of the notebook developed for the Nursing Home Task Force, [click here](#).